

REQUEST FOR ADVANCE OR REIMBURSEMENT

(See instructions on back)

3. FEDERAL SPONSORING AGENCY AND ORGANIZATION ELEMENT TO WHICH THIS REPORT IS SUBMITTED

EPA Region

6. EMPLOYER IDENTIFICATION NUMBER

7. RECIPIENT'S ACCOUNT NUMBER OR IDENTIFYING NUMBER

NA

9. RECIPIENT ORGANIZATION

Name

Housatonic River Initiative

Number and Street

(b) (6)

City, State and ZIP Code

OMB APPROVAL NO.

0348-004

PAGE 1 OF 2 PAGES

1. TYPE OF PAYMENT REQUESTED

a. "X" one or more boxes

☐ ADVANCE

☒ REIMBURSEMENT

b. "X" the applicable box

☐ FINAL

☒ PARTIAL

2. BASIS OF REQUEST

☒ CASH

☐ ACCRUAL

4. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY

1991770-01-0

5. PARTIAL PAYMENT REQUEST NUMBER FOR THIS REQUEST

#1

8. PERIOD COVERED BY THIS REQUEST

FROM (month, day, year)

7-1-98

TO (month, day, year)

10-15-98

10. PAYEE (Where check is to be sent is different than item 9)

Name

NA

SAME AS #9

Number and Street

City, State and ZIP Code

11. COMPUTATION OF AMOUNT OF REIMBURSEMENTS/ADVANCES REQUESTED

PROGRAMS/FUNCTIONS/ACTIVITIES ▶	(a)	(b)	(c)	TOTAL
	Technical Assistance	NA	NA	
a. Total program outlays to date (As of date)	\$ 8064.54	\$	\$	\$
b. Less: Cumulative program income	0			
c. Net program outlays (Line a minus line b)	8064.54			
d. Estimated net cash outlays for advance period	0			
e. Total (Sum of lines c & d)	8064.54			
f. Non-Federal share of amount on line e	2418.75			
g. Federal share of amount on line e	5645.79			
h. Federal payments previously requested	0			
i. Federal share now requested (Line g minus line h)	5645.79			
j. Advances required by month, when requested by Federal grantor agency for use in making prescheduled advances				
1st month	NA			
2nd month	NA			
3rd month	NA			

RECEIVED

NOV 02 98

CONTRACTS MANAGEMENT SECTION

OK TO PAY
11/2/98
\$ 5,649.79

12. ALTERNATE COMPUTATION FOR ADVANCES ONLY

a. Estimated Federal cash outlays that will be made during period covered by the advance	\$ NA
b. Less: Estimated balance of Federal cash on hand as of beginning of advance period	
c. Amount requested (Line a minus line b)	\$ NA

AUTHORIZED FOR LOCAL REPRODUCTION

(Continued on Reverse)

STANDARD FORM 270 (Rev. 2-92)
Prescribed by Office of Management and Budget
Cir. No. A-102 and A-110



SEMS DocID 621170

CERTIFICATION

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL

DATE REQUEST
SUBMITTED

I certify that to the best of my knowledge and belief the data on the reverse are correct and that all outlays were made in accordance with the grant conditions or other agreement and that payment is due and has not been previously requested.

TYPED OR PRINTED NAME AND TITLE

Tim Gray, Program manager
Housatonic River Initiative

TELEPHONE (AREA
CODE, NUMBER,
EXTENSION)

(b) (6)

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET, SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11c, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

- | Item | Entry | Item | Entry |
|---|--|------|---|
| 2 | Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis. | | activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page. |
| 4 | Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement. | 11a | Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees. |
| 6 | Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency. | 11b | Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement. |
| 7 | This space is reserved for an account number or other identifying number that may be assigned by the recipient. | 11d | Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance. |
| 8 | Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested. | 13 | Complete the certification before submitting this request. |
| Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports. | | | |
| 11 | The purpose of the vertical columns (a), (b), and (c), is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or | | |

Community
Health
Survey

Study

from City of

71.25+
1251.00+
2069.00+
98.01+
97.62+
274.18+
55.00+
250.00+
59.73+
812.50+
352.50+
255.00+

012.....

5645.79*

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51.25
31.25
600

Secret

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CHS

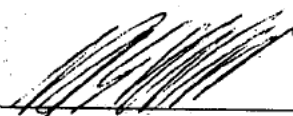
8/10/98

Printing of envelopes and Questionnaires

Jack Murphy printing

HRI Check # (b)

\$1251.00

Approved 

JACK MURPHY/PRINTER

124 Canal Street ♦ Lee, Massachusetts 01238 ♦ 413/243-3688 ♦ fax: 413/243-3448 ♦ email: jmurphy@bcn.net

Please Pay From This Invoice

Job Number 8473
Date of Invoice 8/7/98
Customer Name COMMUNITY HEALTH STUDY C/O HOUSATONIC RIVER INITIATIVE
Quantity 1200
Job Description LETTER, PRINTED TWO SIDES...NO CHARGE FOR TYPESET, SCAN SIG. +
\$1100. DEPOSIT #8472 SURVEYS, ETC.
Paper Stock 60# WHITE
Ink BLACK

*Paid in full -
C. Murphy*

Total Due \$1,251.00

Think Deeply ~ Speak Gently ~ Love Much ~ Laugh Often
Work Hard ~ Give Freely ~ Pay Promptly ~ Be Kind

Thank You for Your Business

8/21/98

CHS

Jack Murphy Printer Health Questionnaires

HRI CK # (b) (6)

\$2069.00

Approved _____

HOUSATONIC RIVER INITIATIVE INC.		(b) (6)
(b) (6)		53-7169/2118
8. 21 19 98		
PAY TO THE ORDER OF	Jack Murphy Printer	\$ 2069.00
Two thousand sixty nine and 00/100		DOLLARS
BERKSHIRE COUNTY SAVINGS BANK		
PITTSFIELD, MASSACHUSETTS 01202		
CHS printing survey, cards etc.		
FOR	(b) (6)	

JACK MURPHY/PRINT

124 Canal Street ♦ Lee, Massachusetts 01238 ♦ 413/243-3688 ♦ fax: 413/243-3448 ♦ email: jmurphy@bcn.net

Please Pay From This Invoice

Job Number 8472
Date of Invoice 8/7/98
Customer Name HOUSATONIC RIVER INITIATIVE/COMMUNITY HEALTH STUDY
Quantity various
Job Description Resident questionnaire; deceased survey; 9x12 envelope; 10x13 envelope, BALANCE

Paper Stock 20# white

Ink black

2069 TOTAL DUE

*Paid in full -
C. Murphy*

2008.00
61.00 Tax
\$ 2069.00

Total Due \$2,008.00

Think Deeply ~ Speak Gently ~ Love Much ~ Laugh Often
Work Hard ~ Give Freely ~ Pay Promptly ~ Be Kind

Thank You for Your Business

(CHS

Wendy Phillups Postage Health Questionnaires

HRI CK # (b) \$98.01

Approved.

Reimburse Wendy

*** U.S. POSTAL SERVICE ***
01201-9998
PITTSFIELD MA
246186
WAYNE H
00-10-95
H 23
09-07-97

[illegible]

(b) (6)

SECRET

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HOUSATONIC RIVER INITIATIVE INC. (b) (6)

53-7169/2118

8-21-98

PAY TO THE ORDER OF Wendy Phillips \$ 98.01

Ninety eight and 00/100 DOLLARS

BERKSHIRE COUNTY SAVINGS BANK
PITTSFIELD, MASSACHUSETTS 01202

FOR POSTAGE

(b) (6)

**** U.S. POSTAL SERVICE ****
PITTSFIELD MA 01201-9998
246188 35.00
WAYNE M # 23
09-15-98 10:05:32

AL SERVICE PERMIT SYSTEM TRANS# 1998258104
ILING/3607 WEIGHING AND DISPATCH CERTIFICATE

COMP.

COMPANY PERMIT USED: P
PERMIT NO: 00

C RIVER INITIATIVE

(b) (6)

FORM 3544 - RCPT FOR MONEY

RECEIPT # 231143
PH/SSN (b)
AMOUNT: \$ 97.62

00000097*DOLLARS*62*CENTS

AIC 052 PNT IMP/ADL PST

NAME: HOUSATONIC RIVER
ADDR: 01201

*** THANK YOU ***

REQ IN SYSTEM
00 10:43:47

PROPS: 0.003

S	PROC CAT	TYPE
A)	LETTERS	BULK NON-PROFIT
TRAYS	NO. PALLETS	NO. OTHER
1	0	0
(LBS)	TOTAL PIECES	TOTAL POUNDS
	980	5.700

POSTAGE:

PART A
PART B \$97.0200
PART C
PART D

ADDITIONAL POSTAGE:

SPECIAL SERVICES
VERIFICATION

TOTAL POSTAGE: \$97.02

CERTIFY that this mailing has been inspected concerning:
1)eligibility for the rate of postage claimed; 2)proper preparation
and presort (where required); 3)proper completion of the statement of
mailing; and 4)payment of the required annual fee.

ROUND STAMP REQUIRED
TIME ____ AM / PM

ROUND STAMP REQUIRED
TIME ____ AM / PM

SIGNATURE OF WEIGHER

RECEIVED FOR PROCESSING


CURRENT BALANCE: \$0.
CLK INIT:

September 15, 1998

Reimbursement to Wendy Phillips
Rcts for Community Health Survey

HRI Check (b) (6)

\$274.18

Treasurer approval 

Bills submitted	Hard Drive Cafe	47.25	labels-postcard
	US Postal Service	6.28	mailing surveys
	US Postal Services	192.65	" "
	Jana Laiz	28.00	Envelopes

Total \$274.18

Sub-Total	45.00
Tax	2.25
Total Due	47.25
Cheque	47.25
Change Due	0.00

The Hard Drive Cafe
Allendale Shopping Center
Pittsfield, MA 01201
496-9488
Carlyle Phillips

HOUSATONIC RIVER INITIATIVE INC.
(b) (6)
53-7169/2118
9.15.98
Wendy Phillips \$274.18
Two hundred seventy four and 14/100
BERKSHIRE COUNTY SAVINGS BANK
PITTSFIELD, MASSACHUSETTS 01202
FOR (b) (6)

CHS
Reimburse
to Wendy

*** U.S. POSTAL SERVICE ***
PITTSFIELD MA 01201-9998
246188 35.00
WAYNE M # 23
08-25-98 12:47:00

FORM 3544 - RCPT FOR MONEY

RECEIPT # 230998
PH/SSN (b) (6)
AMOUNT: \$ 192.65

00000192*DOLLARS*65*CENTS

AIC 052 PMT IMF/ADL PST

NAME: HOUSATONIC RIVER
ADDR: 01201

*** THANK YOU ***

CHS
Reimburse Wendy

PH by Wendy for CHS
"Mailing of Dec. Surveys"

*** U.S. POSTAL SERVICE ***
PITTSFIELD MA 01201-9998
246188 35.00
WAYNE M # 23
08-25-98 12:47:00

AUTOMER RECEIPT

POST VAL IMF 7.75
POST VAL IMF 5.50
(192.65 X 10)

TOTAL 6.25
CHECK (b) (6)
CHANGE .00

*** THANK YOU ***

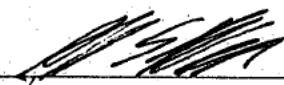
CHS

September 15, 1998

Jack Murphy Printer

postcards CHS

HRI Check# (b) (6) \$55.00

Approved 

(b) (6)

HOUSATONIC RIVER INITIATIVE INC.


(b) (6)

53-7169/2118

9.15.98


PAY TO THE ORDER OF Jack Murphy Printer \$ 55.00

Fifty five and 00/100


DOLLARS 

BERKSHIRE COUNTY SAVINGS BANK

PITTSFIELD, MASSACHUSETTS 01202



FOR (b) (6)



JACK MURPHY / PRINTERS

124 Canal Street ♦ Lee, Massachusetts 01238 ♦ 413/243-3688 ♦ fax: 413/243-3448 ♦ email: jmurphy@bcn.net

Please Pay From This Invoice

Job Number 8505
Date of Invoice 9/2/98
Customer Name HRI/COMMUNITY HEALTH
Quantity 1000
Job Description PRINTED POST CARDS

Paper Stock 80# WHITE

Ink BLACK

Total Due \$55.00

Think Deeply ~ Speak Gently ~ Love Much ~ Laugh Often
Work Hard ~ Give Freely ~ Pay Promptly ~ Be Kind

Thank You for Your Business

(b) (6)

(b) (6)

H2I CCL

TG Check #	\$150.00
Tg Check #	\$100.00

Approval

778-3544 - REPT. FOR MONEY

(b)

SUBJ RE: ANN FMT

*** THANK YOU ***

FORM 3544 - RCPT FOR MONEY

(b)

AIC 053 POSTAGE DUE/BRN

4452

*** THANK YOU ***

RECEIPT # 040767

AMOUNT: \$ 65.00

ALL POST OFFICES 24/7

00000065*10LLANS*03*CENTS

FORM 3544 - RCPT FOR MONEY

**** U.S. POSTAL SERVICE ****
PITTSFIELD MA 01201-9996
246188 35.00
MARLENE # 04
09-01-98 13:29:26

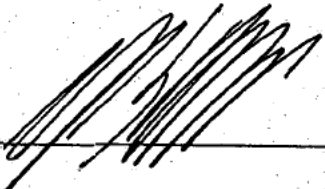
T6
 Reimbursement
 \$565
 \$150.00

10/15/98
US Postal Survey

CHS

HRI CK # (b) (6)

\$59.73

Approved 

HOUSATONIC RIVER INITIATIVE INC.

(b) (6)

(b) (6)

53-7169/2118

10.15. 98

PAY TO THE
ORDER OF

U.S. Postal Service - Pittsfield

\$ 59.73

Fifty nine and 73/100

BERKSHIRE COUNTY SAVINGS BANK

PITTSFIELD, MASSACHUSETTS 01202

DOLLARS  Security features
included.
Details on back.



FOR
(b) (6)

Invoice

October 19, 1998

Remot to :

Hosatonik River Initiative

(b) (6)

Tag Grant Administration	August	4hr@	\$25.00/hr	\$100.00
	Sept	7hr@	\$25.00/hr	\$175.00
Community Health Study	August	6.5hr@	\$25.00/hr	\$162.50
Management, meetings, copies	Sept	15 hr@	\$25.00/hr	\$375.00

TOTALS				\$812.50
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Monthly Matching Contribution Worksheet

In-Kind Contributions

Month: SEPTEMBER 1998
 Member: Wendy Phillopps

Date	Activity or Contribution	Hours X Rate = Value		
1	EPA Risk Assessment Forum	2	15	30.00
2	MEETING w Printer	.75		11.25
3	1st mailing: intro letter label, stuff, etc.	13		195-
4	2nd mailing: labels, # surveys, stuff, envelopes	18		270-
5	Recheck #s, Deliver to P.O., flyers, etc.	2.5		37.50
6	Phone follow up, packets into mail, sort incoming	4		60.00
7	Post card printer, label, P.O.	3		45.00
8	Public Meeting @ F.A.C.	2.5		37.50
9	Phone follow up, packets in mail	3		45.00
10	Sort thru return, surveys	5		75.00
11				
12				
13				
14				
15				
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25				
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27				
28				
29				
30				
31				

Total In-Kind for the Month

806.25

Monthly Matching Contribution Worksheet

Cash Expenditures

Month: _____

Member: _____

Receipt #	Vendor	Purpose	Total
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			
Total Cash Expenditures for the Month			

Receipts Attached:

Monthly Matching Contribution Worksheet

In-Kind Contributions

Month: AUGUST 1998
 Member: Wendy Phillips

Date	Activity or Contribution	Hours	X Rate	= Value
1	MEETING w D Clapp//JSI	8	\$15/hr	120.00
2	AGO Workshop	8	15	120.00
3	Revision of Lipman Questionnaire	2.1	15	315.00
4	Phone Conf. with JSI	.5	15	7.50
5	Health Forum @ Bell Athe	3	15	45
6	Copy Question + Distribute Pilot	4.5	15	67.50
7	JSI Conf. - D. Clapp	2	15	30-
8	mailing List / City Hall, etc.	3.5	15	52.50
9	" " / Assessors Office	2.5	15	37.50
10	" " / Calls, mapping	4	15	60-
11	" " / Computer List	6.5	15	97.50
12	Printer meeting	1	15	15-
13	Calls + Letters, pick up paper	3.5	15	52.50
14				
15				
16				
17				
18				
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31				

Total In-Kind for the Month

\$1020.00

Monthly Matching Contribution Worksheet

Cash Expenditures

Month: _____

Member: _____

Receipt #	Vendor	Purpose	Total
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
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22			
23			
24			
25			
Total Cash Expenditures for the Month			

Receipts Attached: _____

Monthly Matching Contribution Worksheet

In-Kind Contributions

Month: AUGUST
Member: Timothy Gray

Date	Activity or Contribution	Hours X Rate = Value		
1	MEETING in Boston JSI	8	25	200
2	CONF. w D. CLAPP	2	25	100
3	GENERAL help in mailings, organization	4	25	100
4				
5				
6				
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Total In-Kind for the Month

400

Monthly Matching Contribution Worksheet

Cash Expenditures

Month: _____
Member: _____

Receipt #	Vendor	Purpose	Total
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
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23			
24			
25			
Total Cash Expenditures for the Month			

Receipts Attached:

Monthly Matching Contribution Worksheet

In-Kind Contributions

Month: Sept. 1998
Member: Tim Gray

Date	Activity or Contribution	Hours X Rate = Value		
1	Phone calls, mailings	2	25	50
2	Mailings pickup @ Post office	1	25	25
3	Public meeting @ 1st Am Club	2.5	25	62.50
4	Organize returns	2	25	50.00
5				
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Total In-Kind for the Month

192.50

0. c

806.25+

1020.00+

400.00+

192.50+

(b) (6)

2418.75*

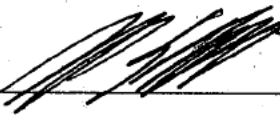
September 22, 1998

Mickey Friedman

Newsletter Hri NEWSLETTER ASSISTANCE Fall 1998

23.5 hours @ \$15.00

HRI Check#(b) \$352.50

approved 

September 11, 1998

Tim Gray

Housatonic River Initiative

(b) (6)

INVOICE 91198

WORK LOG

8/27/98	Represent HRI before Massachusetts DPH at Advisory Board Mtg 6PM to 9:30 PM	3.5 hours
9/03/98	Writing/editing Newsletter	5 hours
9/04/98	Writing/editing Newsletter	4 hours
9/06/98	Writing/editing Newsletter	2 hours
9/07/98	Writing/editing Newsletter	3 hours
9/08/98	Writing/editing Newsletter	2 hours
9/09/98	Writing/editing Newsletter	4 hours

TOTAL 23.5 hours

23.5 hours @ \$15.00 = \$352.50

Donated Time

8/25/98	Represent HRI at Silver Lake Meeting 6:30 - 9:30	3 hours
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7/14 - 7/21/98	25 hrs write/edit HRI Testimony	25 hours
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TOTAL 28 hours

Please make check payable to:

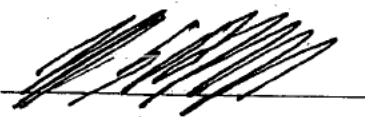
Mickey Friedman




(b) (6)

10/15/98
Mickey Friedman
Writing / Editing / Production of Newsletter

HRI CK # \$255.00

(b) (6)

Approved 

HOUSATONIC RIVER INITIATIVE INC.		(b) (6)
(b) (6)		53-7169/2118
10.15.1998		
Mickey Friedman		\$ 255.00
one hundred fifty five and 00/100		DOLLARS  Security features included. Details on back.
BERKSHIRE COUNTY SAVINGS BANK PITTSFIELD, MASSACHUSETTS 01202		
(b) (6)		

G.E. Pittsfield
Housatonic River Initiative
Grant Number

1 991770-01-0

Cumulative Award to Date:

\$50,000

Payment Request Number	Amount Requested	Amount Paid	Difference	Requested to Date	Payments to Date	Available Balance
1	\$5,645.79	\$5,645.79	\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
2			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
3			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
4			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
5			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
6			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
7			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
8			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
9			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
10			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
11			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
12			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
13			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
14			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
15			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
16			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
17			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
18			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
19			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
20			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
21			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
22			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
23			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
24			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
25			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
26			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
27			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
28			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
29			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
30			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
31			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
32			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
33			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
34			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
35			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
36			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
37			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
38			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
39			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
40			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
41			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
42			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
43			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
44			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
45			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
46			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
47			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
48			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
49			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
50			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
51			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21
52			\$0.00	\$5,645.79	\$5,645.79	\$44,354.21

EPA Tag Grant expenditures as of 10/15/98

Community Health Survey

Payments to vendors for CHS

(b) (6)	Reimburse Wendy Phillips-Labels-format-Hard drive cafe	71.25
	Jack Murphy Printing-envelopes and questionnaires	1251.00
	Jack Murphy printer	2069.00
	Reimburse Wendy Phillips-Postage initial CHS letters	98.01
	US Postal Service mailing follow up postcards	97.62
	Wendy Phillips reimbursement for Postage	274.18
	Jack Murphy Printer- postcards	55.00
	Tim Gray reimbursement expenses for CHS	250.00
	US Postal Service- Return Questionnaires	59.73

HRI	Administation / CHS management	\$812.50
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Newsletter production

276	Mickey Friedman-Newsletter writing	352.50
279	" " " revamp, production	255.00

TOTALS	\$5645.79
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